

Substitute for Form PTO-875.

Assignment or Packet Number
10/680167

(Column 1) (Column 2)

OTHER THAN SMALL ENTITY	
RATE	FEE
	\$ _____
X \$ _____	
X \$ _____	
\$ _____	
TOTAL	

TOTAL ☐ OR TOTAL

(Column 1)	(Column 2)	(Column 3)
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OTHER THAN SMALL ENTITY.	
RATE	ADDITIONAL FEE
U.S. _____	
U.S. _____	
U.S. _____	
TOTAL ADD. FEE	

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 C.F.R. 1.103)

(Column 1)	(Column 2)	(Column 3)
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
19	20	21
22	23	24
25	26	27
28	29	30
31	32	33
34	35	36
37	38	39
40	41	42
43	44	45
46	47	48
49	50	51
52	53	54
55	56	57
58	59	60
61	62	63
64	65	66
67	68	69
70	71	72
73	74	75
76	77	78
79	80	81
82	83	84
85	86	87
88	89	90
91	92	93
94	95	96
97	98	99
100	101	102
103	104	105
106	107	108
109	110	111
112	113	114
115	116	117
118	119	120
121	122	123
124	125	126
127	128	129
130	131	132
133	134	135
136	137	138
139	140	141
142	143	144
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160	161	162
163	164	165
166	167	168
169	170	171
172	173	174
175	176	177
178	179	180
181	182	183
184	185	186
187	188	189
190	191	192
193	194	195
196	197	198
199	200	201
202	203	204
205	206	207
208	209	210
211	212	213
214	215	216
217	218	219
220	221	222
223	224	225
226	227	228
229	230	231
232	233	234
235	236	237
238	239	240
241	242	243
244	245	246
247	248	249
250	251	252
253	254	255
256	257	258
259	260	261
262	263	264
265	266	267
268	269	270
271	272	273
274	275	276
277	278	279
280	281	282
283	284	285
286	287	288
289	290	291
292	293	294
295	296	297
298	299	300
301	302	303
304	305	306
307	308	309
310	311	312
313	314	315
316	317	318
319	320	321
322	323	324
325	326	327
328	329	330
331	332	333
334	335	336
337	338	339
340	341	342
343	344	345
346	347	348
349	350	351
352	353	354
355	356	357
358	359	360
361	362	363
364	365	366
3		

OR	RATE	ADDITIONAL FEE
OR	K \$ _____	
OR	K \$ _____	
OR	\$ _____	
OR	TOTAL ADD'L FEE	

FIRST PRESENTATION: CULTURE DEPENDENT QUANT. DISC. 1964

DATE	ADDITIONAL FEE
11-1-77	
11-1-77	
11-1-77	
TOTAL	TOTAL FEE

FIRST INDICATION OF MULTIPLE DEPENDENT CLAIMS (37 CFR 1.06(a))

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3
- * If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20"
- * If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3"
- * The Highest Number Previously Paid For is 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to "complete" including gathering equipment and submitting the completed application form to the USPTO. Time and cost varying upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. OO:MOI SEND FEES ON COMPLETED FORMS TO 1145 ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

• If you need assistance in completing the form call 1.877.810.0199 and select option 2